

Part A, Permit Process --- Internal Checklist

ID Number EYE 0-1737687 Inst Name SEE INE TUSON R. PARKING

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>JK</u>	<u>  </u>	<u>  </u>
3	Form 1 received?	<u>JK</u>	<u>  </u>	<u>  </u>
1	Form 3 received?	<u>JK</u>	<u>  </u>	<u>  </u>
1 & 3	Postmarked on or before November 19, 1980?	<u>JK</u>	<u>  </u>	<u>  </u>
3	Date of operation entered?	<u>JK</u>	<u>  </u>	<u>  </u>
3	Date of operation on or before November 19, 1980?	<u>JK</u>	<u>  </u>	<u>  </u>
Notif. record	Notifier?	<u>JK</u>	<u>  </u>	<u>  </u>
"	Notified on or before August 18, 1980?	<u>JK</u>	<u>  </u>	<u>  </u>
1	Form 1, XIII B signed?	<u>JK</u>	<u>  </u>	<u>  </u>
3	Form 3, IX B Signed?	<u>JK</u>	<u>  </u>	<u>  </u>

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 2-18-81)

PHASE TWO

1	Unsure if regulated or non-regulated?	<u>  </u>	<u>JK</u>
3	New facility?	<u>  </u>	<u>JK</u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner <u>JK</u> ; sigs <u>JK</u> .	<u>  </u>	<u>  </u>

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:  
Maps\_\_\_; photos\_\_\_; drawings\_\_\_; lat/long\_\_\_.  
Other observations and comments:

Received Date Stamp	<b>NOT</b>
0001	
(Stamp forms also)	

Log out/Log in  
on reverse side.



ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.I. NAME OF IN-  
STALLATIONII. INSTALLATION  
MAILING  
ADDRESSIII. LOCATION  
OF INSTALLATIONPLEASE PLACE LABEL IN THIS SPACE  
A/REGION IV

**INSTRUCTIONS:** If you received a preprint label, affix it in the space at left. If any of information on the label is incorrect, draw a through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

FKYD C01737683

T/A C  
21

300807

I. NAME OF INSTALLATION

SKF INDUSTRIES TYSON BEARING COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 HAPPY VALLEY ROAD

CITY OR TOWN

4 GLASGOW

ST.

ZIP CODE

KY 42141

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 HAPPY VALLEY ROAD

CITY OR TOWN

6 GLASGOW

ST.

ZIP CODE

KY 42141

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

2 BROWNING BILLY INDUSTRIAL ENG

PHONE NO. (area code &amp; no.)

502-678-2171

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 SKF INDUSTRIES INC

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

FKYD C01737683

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)


☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) PRESIDENT	DATE SIGNED Aug. 15, 1980
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FORM  
1  
GENERAL



ENVIRONMENTAL PROTECTION AGENCY  
GENERAL INFORMATION  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FKYD0000225573

GENERAL INSTRUCTIONS

If a preprinted label has been provided, enter the information in the designated space. Review the information carefully; if any of it is incorrect, correct it through it and enter the correct data in appropriate fill-in area below. Also, if any the preprinted data is absent (the area to left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

KYD0000225573

V. FACILITY MAILING ADDRESS

SKF INDUSTRIAL TYSON BEARING CO  
HAPPY VALLEY RD  
GLASGOW, KY 42141

VI. FACILITY LOCATION

HAPPY VALLEY RD  
GLASGOW, KY 42141

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP SKF INDUSTRIES INC TYSON BEARING CO

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 BROWNING BILLY INDUSTRIAL ENGR 502 678 2171

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 HAPPY VALLEY ROAD

B. CITY OR TOWN

4 GLASGOW

C. STATE

D. ZIP CODE

KY

42141

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 HWY 90 WEST

B. COUNTY NAME

6 BARREN

C. CITY OR TOWN

GLASGOW

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

KY

42141

009

NOT  
0001  
KY001737683

CONTINUED FROM THE FRONT

**II. SIC CODES (4-digit, in order of priority)**

<b>A. FIRST</b>				<b>B. SECOND</b>			
7	3	5	6	2	(specify)	7	(specify)
tapered roller bearings							
<b>C. THIRD</b>				<b>D. FOURTH</b>			
7	(specify)	7	(specify)				

**VIII. OPERATOR INFORMATION**

<b>A. NAME</b>										<b>B. Is the name listed in Item VIII-A also the owner?</b>	
SKF INDUSTRIES INC										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)</b>										<b>D. PHONE (area code &amp; no.)</b>	
F = FEDERAL    M = PUBLIC (other than federal or state) S = STATE      O = OTHER (specify)    P (specify)										215 265 1900	
<b>E. STREET OR P.O. BOX</b>											
1100 FIRST AVENUE											
<b>F. CITY OR TOWN</b>										<b>G. STATE</b>	
KING OF PRUSSIA										PA	
										<b>H. ZIP CODE</b>	
										19406	
										<b>IX. INDIAN LAND</b>	
										Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**X. EXISTING ENVIRONMENTAL PERMITS**

<b>A. NPDES (Discharges to Surface Water)</b>										<b>D. PSD (Air Emissions from Proposed Sources)</b>									
9 N										9 P									
<b>B. UIC (Underground Injection of Fluids)</b>										<b>E. OTHER (specify)</b>									
9 U										(specify)									
<b>C. RCRA (Hazardous Wastes)</b>										<b>E. OTHER (specify)</b>									
9 R										(specify)									

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

Manufacturer of tapered roller bearings

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>A. NAME &amp; OFFICIAL TITLE (type or print)</b>		<b>B. SIGNATURE</b>		<b>C. DATE SIGNED</b>	
W. C. Hayes, President					

**COMMENTS FOR OFFICIAL USE ONLY**

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HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

This information is required under Section 3005 of RCRA.

1. EPA I.D. NUMBER

KYD0000225573

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
65	08	01

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY

FOR NEW FACILITY, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D32	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

Treatment:

TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
	T04	GALLONS PER DAY OR LITERS PER DAY

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	D

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	37,000	G		7				
2	S 0 2	15,000	G		8				
3					9				
4					10				

NOT

0002

## IV. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "000"). FOR EACH PROCESS ENTERED ABOVE, INCLUDE DESIGN CAPACITY.

## IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS.....P  
TONS.....T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS.....K  
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

## 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



A. I.D. NUMBER (enter from page 1)

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KYD 0002255733

DUP

DUP

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

1. HAZARDOUS WASTE NO. (enter code)	2. EPA HAZARDOUS WASTE NO. (enter code)	3. ESTIMATED ANNUAL QUANTITY OF WASTE	4. UNIT OF MEASURE (enter code)	5. PROCESSES	
				6. PROCESS CODES (enter)	7. PROCESS DESCRIPTION (if a code is not entered in 6(1))
1	F 0 0 1	1,500	P	T 0 1	
2	D 0 0 0	1,000,000	P	T 0 1	
3	D 0 0 1	28,800	P	T 0 1	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

NOT

000

V. DESCRIPTION OF HAZARDOUS WASTE (continued)  
 E. USE THIS SPACE TO LIST ADDITIONAL ACCESS CODES FROM ITEM D(1) ON PAGE 1.

EPA I.D. NO. (enter from page 1)

F	K	Y	D	0	0	0	2	2	5	5	7	3	3	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

VI. FACILITY DRAWING  
 All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VII. PHOTOGRAPHS  
 All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)										
	3	7		0	1		0	0	0		0	8	5		5	5		0	3	0

VIII. FACILITY OWNER  
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.  
☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

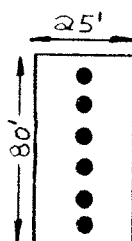
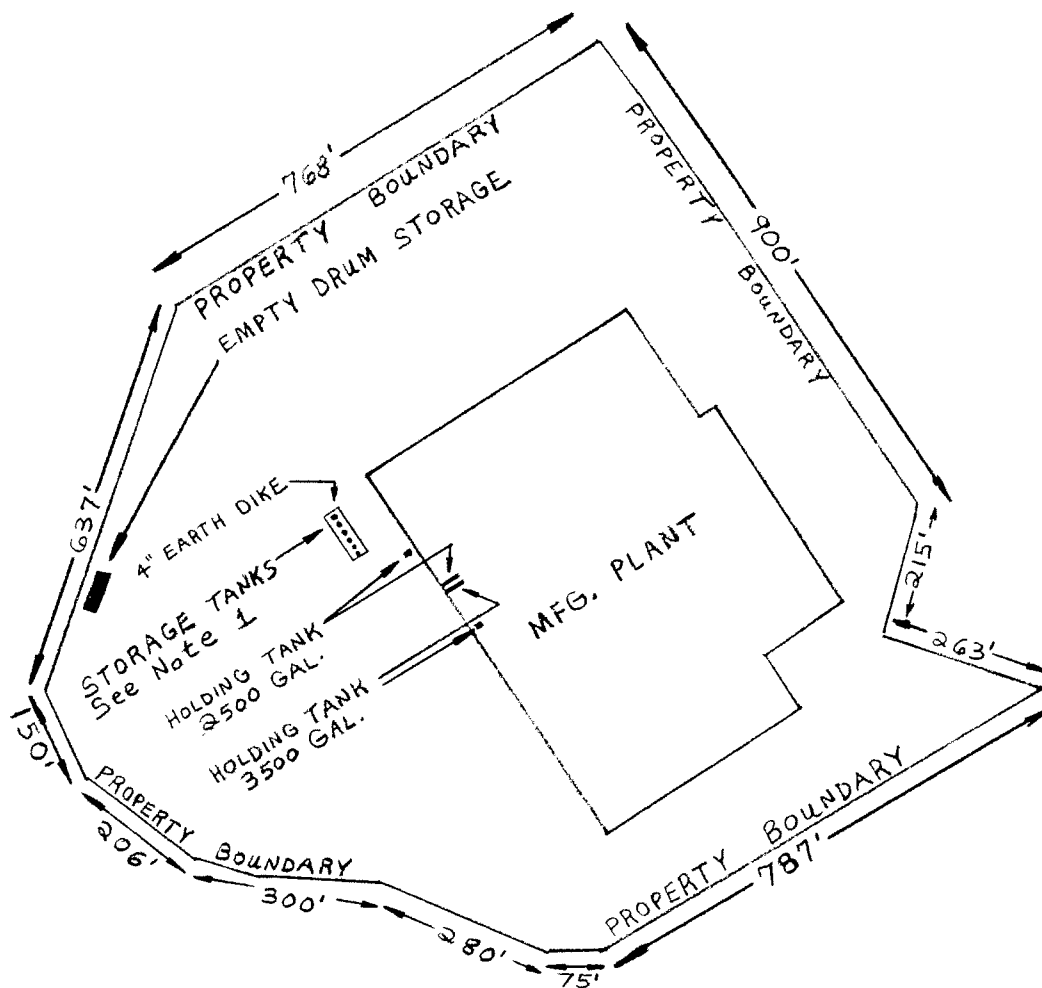
1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
S K F Industries, Inc.										215-265-1900									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
1100 First Avenue										King of Prussia									
5. ST										6. ZIP CODE									
PA										19406									

IX. OWNER CERTIFICATION  
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
W. C. Hayes		Jan 26 1981

X. OPERATOR CERTIFICATION  
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
W. C. Hayes		Jan 16 1981



### NOTE 1

- Tank 1: Unused Hydraulic Oil — 10,000 Gal.
- Tank 2: Unused Hydraulic Oil — 10,000 Gal.
- Tank 3: Waste Oil Storage — 10,000 Gal.
- Tank 4: Waste Oil Storage — 10,000 Gal.
- Tank 5: Waste Oil Storage — 17,000 Gal.
- Tank 6: Storage Tank — 12,000 Gal., Not our property/Not being used

DATE ISSUED	TOLERANCES UNLESS SPECIFIED FRACTIONS ± DECIMALS: .X ± .XX ± .XXX ± ANGLES ± SURFACE FINISH	DEPT. OR MACHINE WHERE USED	
THIS DWG. SUPERSEDES		TITLE FACILITY LAYOUT	
THIS DWG. SUPERSEDED BY	TYSON BEARING CO. DIV. S K F INDUSTRIES, INC. GLASGOW, KY. MASSILLON, OHIO	DRAWN B.B. DATE 10-16-80	CHECKED <b>NOT</b> DATE
		TRACED DATE	APPROVED DATE
ET		SCALE- 1" = 300'	ET 0004

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